

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/936872

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

SMALL ENTITY TYPE ☒ OR

OTHER THAN SMALL ENTITY

| | | |
|-----------------------------------------------------------|--------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 5 minus 20 = | |
| INDEPENDENT CLAIMS | 4 minus 3 = | 1 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

| | |
|-----------|--------|
| RATE | FEE |
| BASIC FEE | 250.00 |
| X\$ 9= | |
| X40= | 40 |
| +135= | |
| TOTAL | 470 |

| | |
|-----------|--------|
| RATE | FEE |
| BASIC FEE | 244.00 |
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| | | | | | |
|-------------|-------------------------------------------------------------------------|---|------------------------------------|---|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
| | Total | 9 | Minus | 5 | = |
| | Independent | 2 | Minus | 4 | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

3/20/06 Non-compliant Audit.

| | | | | | |
|-------------|-------------------------------------------------------------------------|---|------------------------------------|----|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
| | Total | 2 | Minus | 20 | = |
| | Independent | - | Minus | 4 | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

| | | | | | |
|-------------|-------------------------------------------------------------------------|--|------------------------------------|--|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
| | Total | | Minus | | = |
| | Independent | | Minus | | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| | |
|------------------|----------------|
| RATE | ADDITIONAL FEE |
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.